Healthy Teen Network
MAKING A DIFFERENCE IN THE LIVES OF TEENS AND YOUNG FAMILIES

Advocacy Resource Guide

Making a Difference . . .

Emergency Contraception for Adolescents

ISSUE IN BRIEF

Although there are many highly effective birth control options to choose from, none is 100% effective, even if used correctly. Sometimes errors are made – a condom breaks, a diaphragm slips, a birth control pill is forgotten. At other times, sexual intercourse is unplanned or unwanted. In any of these instances, an unintended pregnancy might occur. If used within 120 hours of unprotected intercourse, emergency contraception pills (ECP) provide a second chance to prevent pregnancy. Proper use of ECP can reduce the risk of pregnancy up to 89% (Task Force on Postovulatory Methods of Fertility Regulation, 1998), thereby reducing the need for abortions.

In August 2006, the FDA approved over the counter access of Plan B for women 18 and older. Despite this victory, the FDA unnecessarily maintained prescription only status for those 17 and younger. Increased Plan B® availability could reduce the number of unintended and/or terminated pregnancies that occur in this country each year. Therefore, emergency contraceptives should be available to all whom can safely use it.

Putting Healthy Teen Network's Advocacy Resource Guides to Work

You can use Healthy Teen Network's Advocacy Resource Guides to:

1. Urge local and state policymakers to address issues that are important to the health and success of today's youth.
2. Educate school administrators or health care officials about unique issues facing adolescents.
3. Engage with the media (e.g., in a letter to the editor or an interview) using effective language to frame an issue facing youth.
4. Present to funders on why they should invest in your work with or on behalf of youth.
5. Connect to more information on youth issues and other organizations advocating for youth.

BACKGROUND INFORMATION

The Concern

The decision to allow over-the-counter (OTC) access to emergency contraceptive pills (ECP) for women 18 and older is an exciting development in reproductive health. Access to ECP for all women of reproductive age—including those under 18—is the logical next step in teen pregnancy prevention and achieving lowered abortion rates. Although approved for prescription only by the Food and Drug Administration (FDA) in 1999, knowledge of and about ECP by adolescent health care providers and pharmacists, as well as by adolescents themselves is often inaccurate or lacking; thereby limiting patient access to and use of ECP (Gold, Schein, and Coupey, 1997; Sills, Chamberlain, and Teach, 2000; Golden et al., 2001). In fact, only about 6% of women of all ages have ever used emergency contraception (CDC, 2006). Adolescents, unaware of a "back up" form of contraception, do not know they have secondary options to prevent unintended pregnancies. Besides overall awareness, there are other major ECP concerns: 1) Not all emergency rooms treating victims of sexual assault, dispense ECP, or even inform patients of it and refer them elsewhere to receive it; 2) Recently, some pharmacists are claiming "moral authority" by refusing to fill prescriptions for ECP, and may also be declining to refer a patient to a pharmacist who will fill a prescription; 3) The FDA dual label ruling hinders access for adolescents 17 and younger by placing a time consuming and stigmatizing barrier between the teen and treatment.

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Plan B® was approved by the FDA in 1999, for availability by prescription in the United States. When approving Plan B® for prescription sale, the FDA did not impose any age restrictions for users of the drug. Plan B® manufacturer Barr Laboratories submitted an application to the FDA, in early 2003, to switch Plan B® from prescription to over-the-counter (OTC) status. In 2004, although overwhelmingly approved by scientific advisory experts—and without age limitations—the FDA rejected the application. Barr Laboratories submitted further information for reconsideration, including a revised application for OTC availability for women 16 and older. Although the FDA commissioner Lester Crawford said a decision would be made by September 1, 2005, the FDA once again delayed a decision, arguing they were uncertain as to procedure on offering an OTC drug to one age group, and prescription to another age group.

That same month, President Bush nominated Dr. Andrew von Eschenbach as acting commissioner. On March 2006, Senator Patty Murray (D-WA) and Senator Hilary Clinton (D-NY) vowed to block Eschenbach's confirmation in protest to the FDA's OTC Plan B delays. One day before Eschenbach's confirmation hearing the FDA announced plans to meet with Barr and resolve issues regarding OTC Plan B® approval. Next day, Eschenbach affirmed his support of OTC Plan B® for women 18 and older during his confirmation hearing. On August 18, 2006, the FDA announced that Barr has resubmitted a Plan B® OTC application. Finally, on August 24, 2006, the FDA approved the OTC status of Plan B® for consumers 18 years and older, and maintained the prescription only status for those 17 and younger (Reproductive Health Technologies Project, 2006). This age restricted ruling comes without medical or scientific reasons or research to support it.

Prevalence

In the United States, half of all pregnancies are unintended (CDC, 2001) and over one-third of women become pregnant at least once before they reach the age of 20 (National Campaign to Prevent Teen Pregnancy, 2004). The rate of unintended pregnancy in adolescents increases to 80%, with about one third of the 820,000 teenage pregnancies a year ending in abortion. (Henshaw, 2003; Henshaw, 1998; Alan Guttmacher Institute, 2004). In 2000, use of ECP prevented more than 50,000 abortions US (Jones, Darroch, and Henshaw, 2002).

In 2004, births to 15 to 17 year olds fell to 133,980—the lowest it has been since 1950 (Martin JA, Hamilton BE, Sutton PD, et al, 2006). CDC results indicated that a more effective and consistent level of contraceptive use was rising. They concluded that a recent upsurge of knowledge about general contraceptives and their increased use among adolescents significantly contributed to the decreased rate of teen pregnancy. This finding underscores HTN's core belief that all youth can make responsible decisions about their sexuality and reproductive health when they have complete, accurate and culturally relevant information, skills, resources and support.

Still, no contraceptive is fool proof. Over the counter ECP availability may have benefited the 22.1 out of every 1000 teenage girls between the ages of 15 to 17 years old who gave birth in 2004. In 2005, almost half of all high school students report having had sexual intercourse at least once. Access to ECP for all women of reproductive age is the next logical step in teen pregnancy prevention and achieving lowered abortion rates.

Impact on Behavior

Critics of ECP have expressed concern that adolescents' access to and use of ECP will increase sexual promiscuity and risky sexual behavior, as well as increase rates of sexually transmitted infections (STIs). However, research has shown that advance provisioning of ECP and ease of access to ECP does not affect adolescents' sexual behavior, nor increase their risk of STIs. (Jackson, Schwarz, Freedman, and Darney, 2003; Gold, 2004; Raine et al., 2005; Stewart, Gold, and Parker, 2003)

Conversely, unintended pregnancy can significantly affect the life long health and behavior of women, their children, as well as entire communities. Mothers of unintended pregnancy are at an increased risk of depression, physical abuse, and not being able to achieve their educational, financial and career goals. There is also an increased likelihood of interpersonal violence and three times a greater risk of relationship dissolution. Additionally, children of unintended pregnancies face an increased risk of low birth weight, dying in the first year of life, and higher abuse and neglect rates. (American Medical Women's Association, 1999). Teen mothers are more likely not to finish high school and live in poverty.

In summary, providing ECP to adolescent women will decrease unintended pregnancies, reducing the number of abortions and teen parents. ECP are a safe and effective means to reduce unintended pregnancies and need to be accessible to women of all ages.

ACTION RECOMMENDATIONS

Healthy Teen Network makes the following recommendations regarding provision of and advocacy for ECP in adolescent health. We strongly urge the creation of comprehensive support services and funding that link emergency contraceptive awareness and access programs to adolescents.

Awareness

- ✓ HTN recommends and encourages widespread efforts to increase awareness about the existence, use and availability of ECP's.
  - Including it as part of comprehensive sex education curriculum.
  - Increase availability of informational print and commercial advertisement directed toward adolescents and young adults.

Education

- ✓ HTN recommends and encourages teaching adolescents, their parents, and health care providers about ECP availability, use and effectiveness.
  - Eliminating the adoption and use of "abstinence-only-until-marriage" (AOUM) curricula. These programs do not cover contraceptive options and therefore they will not address the availability of ECP's.

- ✓ HTN recommends that medically accurate and age appropriate materials about ECP be made available to health departments and organizations working with youth.

- ✓ HTN recommends that comprehensive contraceptive information be provided to recipients of ECP to reinforce appropriate and safe use of ECP.

Support Systems

- ✓ HTN recommends that appropriately trained clinicians provide ECP or advance prescriptions for ECP as a precautionary measure, so that adolescent girls have them readily available if the need arises.

- ✓ HTN encourages all pharmacies to stock and dispense ECP.

- ✓ HTN encourages insurance coverage for ECP.
    - Understanding the barriers within the Medicaid system and work to remove them.
    - Form, join, and/or support coalitions that assist in securing Medicaid OTC coverage in all fifty states.

Behaviors

- ✓ HTN recommends that ECP be treated as any other over-the-counter drug by pharmacies.

- ✓ HTN recommends that clinicians and pharmacists maintain patient confidentiality when prescribing and dispensing ECP to adolescents.

- ✓ HTN recommends adolescent health care providers and pharmacists have established written procedures to avoid barriers to obtaining ECP regardless of the individual health care provider's or pharmacist's personal attitudes and beliefs.
    - Maintain that pharmacies be required to fill all legal prescriptions.
- ✓ HTN recommends and encourages efforts to make ECP be available over-the-counter without prescription to be used by all women of reproductive age.
    - Increase awareness of published medical reports and findings that state Plan B® poses no health danger for adolescents 17 or younger.
- ✓ HTN recommends and encourages that all victims of vaginal rape be informed of and given ECP if requested, in all emergency rooms, clinics and other medical settings treating victims of sexual assault.

Funding

- ✓ HTN recommends increased funding for:
    - Organizations that advocate ECP access for adolescents 17 or younger.
    - Educational services in locations most likely to attract adolescents and young adults.
    - Increased research on usage habits and value.
        - Effectiveness in reducing unintended pregnancy.
        - Frequency of usage.
            - Investigate percentage of individuals who do not use ECP's as primary form of birth control.
    - Resources to increase education about what emergency contraception is and what it isn't.
        - Distinguish the difference between Plan B® and Mifeprex®.
        - Explain usage procedure and availability.

DEFINITIONS

Emergency Contraceptive Pills (ECP): Emergency contraceptive pills work by delaying or inhibiting ovulation, inhibiting fertilization, or preventing implantation of a fertilized egg in the uterus. ECP prevent pregnancy – they do not interrupt, terminate, or harm an existing pregnancy. ECP significantly reduce the chance of a woman becoming pregnant if taken within 72 hours of the unprotected intercourse or contraceptive failure. ECP are more effective the sooner they are taken, however ECP do have some effectiveness if taken up to 120 hours of the unprotected intercourse or contraceptive failure.
There are two different types of ECP: one type contains the hormones estrogen and progestin, and is referred to as the combination ECP or the Yuzpe regimen (in the US, this pill is known as Preven). The other type, more commonly used in the United States, contains only progestin and is widely known as Plan B®. The Yuzpe regimen involves taking two doses of combined oral contraceptive pills within a 12-hour interval. This method is estimated to prevent more than 74% of expected pregnancies.

Plan B®: A progestin only ECP that can prevent a pregnancy after contraceptive failure or unprotected sex. It involves ingestion of 0.75 mg of levonorgestrel in two doses taken 12 hours apart, although many providers find taking the whole 1.5 mg dose at once to be just as effective but with fewer side effects (than the two dose regimen). Also, Plan B has fewer side effects than the Yuzpe regimen. It should be used within 72 hours after unprotected intercourse and, if used correctly, significantly reduces the risk of pregnancy (89% if taken within 72 hours, 95% effective if taken within first 24 hours); approved for over the counter (OTC) access in August 2006 for consumers 18 and older, requires prescription for 17 and under.

Mifeprex® (RU-486): Although commonly confused with emergency contraceptive pills (ECP) Mifeprex prevents pregnancy in the first place and doesn't work if a woman is already pregnant. Unlike ECP, Mifeprex is used to terminate an early pregnancy. Use of RU-486 requires three visits to a physician's office: the first to take one dose of a synthetic steroid called mifepristone, the second trip occurs two days later to take one dose of misoprostol, and the final trip happens up to a week later to confirm that the pregnancy was terminated.

RESOURCES

The National Campaign to Prevent Teen Pregnancy
teenpregnancy.org

Reproductive Health Technologies Project
www.rhtp.org

Back up your Birth Control
www.backupyourbirthcontrol.org

Emergency Contraception
ec.princeton.edu

GO2EC
www.go2ec.org

ABOUT HEALTHY TEEN NETWORK

Healthy Teen Network (HTN) is a national membership organization that provides resources and services to professionals working in the field of adolescent reproductive health – specifically teen pregnancy prevention, teen pregnancy, and teen parenting.

Healthy Teen Network believes youth can make responsible decisions about sexuality, pregnancy and parenting when they have complete and accurate information, resources, and support that are culturally relevant and appropriate to their age, gender, and developmental stage.

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